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POSITION PAPER

REPRODUCTIVE HEALTH HAZARDS IN THE WORKPLACE

June 1980

**Canadian Advisory Council
on the Status of Women**

Box 1541 Station B, Ottawa K1P 5R5

**Conseil consultatif canadien
de la situation de la femme**

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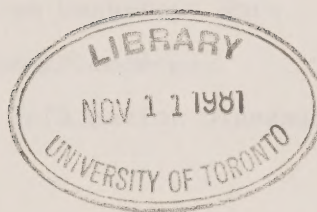


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BACKGROUND

Social and political concerns about occupational health in general and about reproductive health hazards in particular are increasing. The continuing phenomenon of large numbers of women entering the workforce has focused attention on the potentially harmful effect of certain workplace hazards on future generations.

Although women have always been part of the workforce and have often been employed in jobs posing serious health hazards, their movement into a greater variety of occupations, many of them traditionally restricted to men, has raised new concerns. The hazards of male-dominated occupations have generally been better researched and more publicized. As a result, women seeking employment are often confronted by industrial policies which make them ineligible for employment in areas where exposure to certain toxic substances or other hazards could adversely affect a fetus.

Such policies ignore an increasing body of evidence that workplace hazards can have serious effects on the reproductive system of the male and for his potential offspring. The resulting discrimination is double-barrelled. The women are denied lucrative jobs unless they can prove sterility and the men are left in a work environment which is hazardous to their general health and reproductive capacity.

Because the fetus may be endangered through occupational exposure by either parent, increased attention must be directed to identifying and eliminating the risks for male as well as female workers. However, preoccupation with fetal susceptibility to toxic substances and other hazards should not diminish the concern for other reproductive effects of exposure on women and men. In actual fact,

all elements of the reproductive system and all stages from the production of the sex cell to post-pregnancy can be adversely affected by a wide range of occupational hazards.

The scope of this position paper is limited to occupational hazards affecting the reproductive capacity of both males and females. The intent at this time is not to discuss the effect of specific hazardous substances or occupations. Instead, the paper aims to establish general principles applicable to any aspect of occupational health and safety and from these underlying principles to develop specific recommendations directed at the immediate concerns for the reproductive health of all workers.

The following discussion of jurisdictional, scientific, and economic considerations attempts to identify the major problems requiring attention and action by the federal government. It must also be emphasized that the concerns of the CACSW are not limited to reproductive health only and that the Council will continue to address itself to broader occupational health issues as well.

OVERVIEW OF MAJOR ISSUES

Jurisdictional

Occupational health and safety is a complex jurisdictional question. In 1976, Labour Canada estimated that existing pertinent legislation consisted of "more than 150 provincial and federal laws and 400 sets of regulations administered by more than 70 different departments and agencies."¹ This situation has changed somewhat with new

¹Labour Canada. Canadian Centre for Occupational Safety and Health. December 1976, p. 1 (pamphlet).

legislation and the reorganization of several provincial governments. Nevertheless, this vast network of federal-provincial legislation, regulations and organizations creates many difficulties with coordination and enforcement of occupational health and safety.

To date, Canada has developed no clear-cut national program for occupational health and safety. The provinces/territories have the main authority over workplace-oriented legislation, but the federal government's role is still significant. The federal government can take the initiative to stimulate research and develop progressive legislation, and through monetary and other incentives, can exercise some influence over provincial actions. Instead, the federal government has visibly lagged behind the provinces in several areas, most noticeably at the organizational accountability level, where health and safety responsibilities continue to be spread across several departments and agencies, causing great administrative and legal confusion.

The 1978 Act of Parliament which established the Canadian Centre for Occupational Health and Safety heralded a new era for health and safety in the Canadian workplace. As a national agency for information and advice on occupational health and safety, the Centre has great potential. Its mandate is to serve the working people of Canada and, if successful, it could become one focal point for occupational health and safety matters in Canada.

Economic

The need to focus on occupational health gains greater impetus when considered in economic terms. In 1978,

occupational accidents and disease cost the country over \$966 million in workers' compensation (excluding the Territories) and this cost is estimated to be escalating at ten to fifteen percent a year. In addition, the cost of work injuries leading to lost productivity, material damage, retraining and numerous other factors was estimated to be four times the compensation costs, over \$4 billion yearly.² Even this estimate does not include the high cost to female workers who are excluded from lucrative employment, the enormous cost of chronic effects for the individual workers and their families or the costs to many workers who are not covered by compensation. In addition, the physical and social impact of damage to a worker's reproductive system, the price of fetal damage, and other effects on future generations, have not been considered.

In spite of all this evidence, the question of cost to remedy a hazardous workplace situation can become so highly exaggerated that the health of the worker can become a bargaining trade-off between unions and management or management and legislators. For example, the responsible government body may direct an employer to provide safe conditions, which the employer in turn sees as too costly. In response the employer may threaten to close down the industry. Given this alternative, both the government and the workers may decide that they prefer jobs with risks to the possibility of no jobs at all. The decision will often result in a compromise which does little to further the health rights of the workers.

Scientific

Underlying the visible and well-publicized scientific advances of industrialized society are the hazards - chemical,

²Labour Canada

biological, physical and psychosocial - and their detrimental effect on the general health of the nation. A 1977 report from Health and Welfare Canada states that "each year, at least 200 new health problems arise, all unknown the year before, and most of these are associated, unwittingly and unwillingly, with the work environment."³ The chemical industry, for example, introduces about 3,000 new products into the world's manufacturing processes each year and the majority of these products are not tested for adverse effects on human health until a crisis situation arises.⁴

Although not all these products will be hazardous, the uncertainty about possible toxic effects provides cause for concern. While relatively few agents are widely identified as mutagens, teratogens, or carcinogens in humans, hundreds of substances have demonstrated these effects in animals.⁵ As the scientific community is hesitant to extrapolate from animal experiments to humans, the deleterious effects of certain substances are often not fully recognized until damage is apparent in workers or their offspring. In addition, the present system of establishing standards by exposure limits and contamination limits is inadequate. Factors including individual susceptibility, cumulative effects, synergistic effects, duration of exposure, frequency of high concentrations, must be given more consideration.

³Health and Welfare Canada. Occupational Health in Canada Current Status. June 1977, p. 1.

⁴George, Anne. Occupational Health Hazards to Women, A Synoptic View, CACSW, January, 1976, p. 8.

⁵In general terms, mutagens are substances which can cause changes in the genetic material of living cells; teratogens are substances which may cross the placenta and cause defects in the embryo or fetus; and carcinogens are cancer-causing agents.

In general, experimentation and innovation that may have obvious benefits for our immediate well-being are not always considered in terms of their long-term effects and potential dangers. Because gaps exist in our knowledge of the potential impact of substances or work conditions on the human reproductive system, more attention must be directed to this area. In instances when human health and life itself are the stakes, greater efforts could be made on all sides to ensure that the creation, testing and the subsequent control of substances go together.

Equal Rights and Opportunities

It cannot be emphasized enough that women currently form 40% of the Canadian workforce and are increasing their participation rate annually. Women belong in the workplace and any policy on occupational health and safety must ensure that their right to full and equal participation is upheld. Any limitation of job opportunity and earning capacity applied specifically to them is discriminatory.

Any attempt to ensure equal treatment for all workers is complicated. The apathy of legislators, pseudo-paternalistic attitudes of employers, inadequate research of new products, underlying fear of the cost to clean up workplace hazards and lack of fully informed workers as well as the general societal attitude that women are secondary workers, all contribute to the problem.

However, a society genuinely concerned with the health of future generations can work for positive changes for all workers, female and male. The recognition and elimination of occupational health hazards is the responsibility of all participants in the workplace. The creation

of a just society with healthy and safe work conditions must be a priority for all.

UNDERLYING PRINCIPLES

The following principles should provide the foundation for any legislation relative to occupational health in Canada. The term "worker" in all instances applies to both women and men. From these principles, the general recommendations for good occupational health and safety practices and the specific recommendations relating to reproductive hazards are formulated.

1. All Canadians have a fundamental right to a healthy and safe working environment.⁶
2. Governments by establishing and enforcing standards, employers by meeting and complying with the standards, and workers, individually and as part of an organization, by promoting and adhering to standards, are collectively responsible to pursue the creation and maintenance of a work environment which is safe for all individuals and their descendents.
3. Any occupational hazard which may lead to disability, chronic illness or death of any worker or his or her potential offspring can and must be altered to provide maximum safety for the most susceptible worker in the labour force. The hazard, not the worker, must be controlled

⁶Bill C-35, an Act to establish the Canadian Centre for Occupational Health and Safety, April 17, 1978, p. 1.

and the workplace must be designed to provide protection for the most vulnerable worker.⁷

4. Every protective measure must ensure that all workers will be protected equally from the effects of harmful agents and conditions of work. There must be no distinction in the rights and treatment of female and male workers.
5. Recognition must be given to the fact that hazards present in the workplace can be and often are transmitted outside the work environment. Measures to protect workers must be designed to prevent adverse effects on the health of the community.

RECOMMENDATIONS

1. Legislation

The CACSW recommends:

1. that the federal government amend the Canadian Human Rights Act and the Canada Labour Code to prevent discrimination in hiring, job placement, promotion and other conditions of employment based on factors related to reproductive physiology, such as reproductive capacity, pregnancy or child-birth; that exclusionary policies and practices arising from such issues be prohibited by law; and that the legislation be monitored and enforced on a continuing basis;

⁷For this paper, the term "most susceptible worker" refers to any worker, male or female, who is at risk from exposure to hazardous substances which may adversely affect their reproductive system and potentially, their ability to produce healthy offspring.

2. that the federal government integrate into one of the existing departments/agencies/responsibility centres, the development of policies, standards and regulations on occupational health and safety which would have uniform application throughout the area of federal jurisdiction.⁸

II. Federal/Provincial/Territorial Cooperation

The CACSW recommends:

1. that the federal government make greater efforts to increase federal/provincial/territorial consultation and information-sharing and, through such efforts, attempt to establish a uniform high level of standards in occupational health and safety.

III. Standards

The CACSW recommends:

1. that standards which set out permissible levels of exposure to workplace hazards:
 - a) establish a single standard for each hazard which would ensure maximum protection for the most susceptible worker of any age or either sex;

⁸At the present time, several federal departments and agencies administer legislation relating to occupational health and safety. Labour Canada, Health and Welfare Canada, and the Atomic Energy Control Board have major responsibilities while other government bodies assume important, but more limited roles. The resulting system presents problems with interdepartmental coordination and cooperation and leads to difficulties in research, regulation-making and enforcement.

- b) ensure that laboratory or other testing of all new substances or processes include screening for teratogenicity, mutagenicity, carcinogenicity, and evidence of effects on lactation before introducing them into the workplace;
- c) be measurable, understandable and capable of general enforcement;
- d) be re-examined on a regular basis.

1V. Enforcement

The CACSW recommends:

1. that when permissible levels of exposure are established, the federal government ensure that any area under its jurisdiction be required to comply with the standard within a set period of time;
2. that, in all workplaces over a designated size, properly trained health and safety committees composed of worker and employer representatives with the sexes proportionally represented, be established with authority to monitor and enforce all standards on a regular basis;
3. that the federal government ensure that an existing department or agency be designated to prepare and conduct an effective training program for health and safety enforcement personnel, that sufficient federal funds and human resources be allocated for this purpose, and that women and men be equally represented in the program.

V. Protective Measures

The CACSW recommends:

1. that workplace monitoring and record-keeping be established and implemented;
2. that, when procedures utilizing known hazards are in operation, immediate steps be taken to minimize exposure of the worker by:
 - a) substituting harmless or less harmful substances;
 - b) re-designing the workplace in order to isolate the hazard;
 - c) providing suitable and effective personal protective equipment and/or clothing until other measures are implemented;
3. that when personal protective equipment and/or clothing are used:
 - a) they be designed in a range of sizes to fit all workers;
 - b) they be fit-tested on each worker to ensure maximum protection;
 - c) any worker required to wear them be fully instructed in their use;
 - d) the employer be obligated to demonstrate that the equipment and clothing provides suitable and effective protection;

VI. Right to Refuse Dangerous Work

The CACSW recommends:

1. that in situations where risk is identified specifically for workers, female and male, because of their reproductive physiology:
 - a) immediate attempts be made to eliminate the hazard in the workplace;
 - b) employees be informed immediately of the risk and potential effect on their health;
 - c) persons who are at risk be granted the right to refuse work and to leave the hazardous work area immediately without loss of income or job security;
2. while corrective action is being taken:
 - a) workers who are at risk be offered immediate and equitable transfers to areas where no reproductive hazards exist;
 - b) if transfers are not immediately available, workers may cease to work and may apply for compensation against loss of work and pay;
3. that when transfers to other work areas are made available to female and male workers at risk from reproductive health hazards:
 - a) the transfers ensure full protection of wages, classification, fringe benefits, promotions, seniority and other contractual rights;
 - b) each individual case be evaluated when necessary by a committee to consider the time to return and all worker rights. The committee will be

composed of management and worker representatives, the affected employee, and when necessary an independent qualified occupational health professional;

- c) any person who replaces a transferred person be fully informed of the reproductive hazards inherent in the work position.

VII. Medical Training/Concerns

The CACSW recommends:

1. that general courses in occupational health for all health professionals and specialized training for industrial health personnel be promoted at universities and other post-secondary educational institutions and that all courses provide accurate and up to date information on **reproductive hazards**.
2. that independent qualified occupational health professionals with full knowledge of the short, medium and long-term effects of exposure to workplace hazards be assigned responsibility to establish monitoring procedures to ensure the right of all workers to a healthy and safe work environment;
3. that all workers be granted full access to their personal medical records and be fully informed of the results of any medical examination including any adverse consequences of their work;

VIII. Research and Information Dissemination

The CACSW recommends:

1. that, as the present system of establishing standards is inadequate, the Canadian Centre for Occupational Health and Safety be asked to review existing standards and to propose new standards which will be effective in protecting all workers;
2. that the federal government ensure that research into all aspects of occupational health hazards affecting reproductive physiology be stimulated by:
 - a) specifically allocating increased budgetary and staff resources for this purpose to any federal department/agency/responsibility centre involved in occupational health and safety issues;
 - b) specifying that where federal money to carry out occupational health studies on humans is granted to any research body or individual, the research design and the results must include both female and male workers when both sexes are employed in the particular workplace;
 - c) designating research money to be used in studies of employment sectors with a high proportion of female workers;
3. that when research evidence documenting reproductive hazards is available, the federal government take the initiative to:

- a) develop and promote any informational materials to alert affected employers, employees and the general public to the findings;
- b) ensure that the necessary changes to existing legislation are carried out immediately.

